MONTANA DEPARTMENT OF INSURANCE 2005 ANNUAL REPORT (Due March 1, 2006) PURCHASING GROUPS

Purchasing Group Name					Montana ID #
Mailing Address		City		State	Zip Code
Purchasing Group Phone Number	Purchasing Group Fax Numb	ber Purcha	sing Group E-Mail	Address	
Purchasing Group Contact Name		Purchasing Group FEIN Number			
Contact Mailing Address		City		State	Zip Code
Contact Phone Number	Contact Fax Number	Contac	t E-Mail Address		
	PREMIUM REPORT – II	NFORMATIONAL P	URPOSES ONI	Y	
Name of Insurer(s) Providing Coverage to Purchasing Group			Licensed Montana Insurance Producers		Gross Direct Premiums Written in Montana
Total Purchasing Groups Number of Is the Insurer or Surplus Lines Pro (If no, complete the next two items	ducer identified above responsib			o the State	of Montana? Yes No _
If any premium tax has not been re Purchasing Group or the Individua		Lines Producer, who is urchasing Group			
List the name and amount of preminecessary.)	ium tax owed to the State of Mor	ntana by the Purchasing	Group or Membe	er(s). (Atta	nch additional pages if
Name	A	Amount of Premium	Tax Rate	Amou	int of Tax Owed
			2.75%		
			2.75%		
List the names and titles of any chang	ges of the person(s) controlling the	group:			
The above statement is a true and c	correct report of premium writte	en and premium taxes pa	aid or owed pertai	ining to bu	siness transacted in Monta
Name of Officer (Type or Print)		Title of Officer (Purchasing Group)			
Signature of Officer		Date			

Return Form by March 1, 2006 to: Tim Morris* State Auditors Office* Insurance Examination Division* 840 Helena Avenue* Helena, MT 59601 Phone (406) 444-4489* Fax (406) 444-3497* Forms may be faxed